new grant program within DOJ to support One Stop Community Reentry Centers.

When individuals lack access to reentry services such as housing, job training, and mental health resources, they are more like to be rearrested and reincarcerated. This bill would improve public safety by reducing recidivism.

I urge my colleagues to support it.

Mr. Speaker, I yield back the balance of my time.

Ms. LEE of California. Mr. Speaker, I rise today in support of H.R. 3372, the One Stop Shop Community Reentry Program Act of 2021. I am proud to support this bill and thank my good friend and fellow Californian Congresswoman BASS for her leadership, and Chairman Nadler and the Speaker for bringing this important bill to the floor.

There are currently about 2 million people living life behind bars in this country—and the devastating effects of mass incarceration go far beyond the length of a prison sentence.

The average national recidivism rate is a staggering 49.3 percent over 8 years, which is largely driven by individuals experiencing barriers to essential resources after having served their time.

This important legislation will help people get back on their feet as they reintegrate from incarceration into their communities—a step toward addressing the realities that drive mass incarceration, especially in communities of color.

We must end the vicious cycle of mass incarceration. I urge my colleagues to vote 'yes' on this bill.

The SPEAKER pro tempore (Mr. PERLMUTTER). All time for debate on the bill has expired.

AMENDMENT NO. 1 OFFERED BY MS. SCANLON

The SPEAKER pro tempore. It is now in order to consider amendment No. 1 printed in part B of House Report 117–587.

Ms. SCANLON. Mr. Speaker, I rise as the designee of the gentlewoman from Massachusetts (Ms. PRESSLEY), and I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 8, line 16, strike ''and'' at the end.

Page 8, line 21, strike the period at the end and insert ''; and''.

Page 8, after line 21, insert the following:

(H) other relevant information, which may include recommendations, if any, to improve the effectiveness and efficiency of the grant program under this section, and to address barriers faced by individuals receiving reentry services from community reentry centers.

The SPEAKER pro tempore. Pursuant to House Resolution 1499, the gentlewoman from Pennsylvania (Ms. SCANLON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Pennsylvania.

Ms. SCANLON. Mr. Speaker, I come today before the House first in strong support of Congresswoman BASS' bill, the One Stop Shop Community Reentry Program Act.

Each year, hundreds of thousands of people are released from custody after serving their time, and reentry services are a crucial tool to help these individuals find success when they return home.

However, in many cases, returning individuals are not given adequate support to succeed as they reintegrate in our communities. Too often they struggle to access safe and affordable housing, educational opportunities, and steady employment. This bill will provide critical, accessible, and comprehensive resources to these individuals including job training and help to obtain IDs, housing, mental health services, and more.

Importantly, this bill would also expand services that I have direct experience to know are critical to increasing the success of reentering citizens.

Prior to coming to Congress, I had the opportunity to work with returning citizens in the cutting-edge Federal reentry court started in the Eastern District of Pennsylvania by U.S. Magistrate Judge Tim Rice and now Third Circuit Judge Felipe Restrepo.

We saw in that courtroom how mentoring and legal assistance often were the key to successful reentry by returning citizens. The additional services provided by the reentry court and related nonprofits resulted in a two-thirds reduction in recidivism by participants in that program.

So in addition to supporting the underlying bill, I am proud to offer my colleague, Ms. PRESSLEY's, amendment to the One Stop Shop Community Reentry Program Act.

This amendment will ensure that the grant program is evaluated for its effectiveness. We know that it is not enough to create a grant program, we must also ensure effective implementation of that program and that the critical government resources we make available are meeting the needs of the intended recipients and are a productive use of taxpayer resources.

This additional provision will require evaluation of the grant program and allow recommendations to improve the program and reduce any barriers to access.

Mr. Speaker, I urge my colleagues to support the amendment, and I reserve the balance of my time.

Mr. JORDAN. Mr. Speaker, I rise in opposition.

The SPEAKER pro tempore. The gentleman from Ohio is recognized for 5 minutes.

Mr. JORDAN. Mr. Speaker, it requires the Department of Justice to issue a report. Seeing how the Department of Justice is already doing what is authorized in this bill, it would be kind of nice, frankly, to have this report done before we spend an additional $59 million over the next several years.

Mr. Speaker, for the reason we outlined against the legislation itself—it is redundant, it allows people with a violent past to work at these facilities, and it actually encourages them to be the preference for answering the hotlines at these facilities, and for those reasons we are opposed to the legislation.

Mr. Speaker, I oppose the amendment as well, and I yield back the balance of my time.

Ms. SCANLON. Mr. Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, let me rise in great enthusiasm for an important amendment that calls for an evaluation and a determination as to whether or not this is impacting positively those who are in the program.

I have already read stories about Robert and a number of others; if this program spreads across America to urban hamlets, villages, counties, and rural communities, then we need to know how effective it is.

I am almost positive it will be very effective as a worthwhile investment for the 600,000 people who are released, but this amendment will ensure that we have the right kind of amendment for best practices and best evidence.

Ms. SCANLON. Mr. Speaker, at this time, I would simply encourage my colleagues to vote in favor of Representative PRESSLEY's amendment and the underlying bill, and I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to the rule, the previous question is ordered on the bill and on the amendment offered by the gentlewoman from Pennsylvania (Ms. SCANLON).

The question is on the amendment offered by the gentlewoman from Pennsylvania (Ms. SCANLON).

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. JORDAN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

PREGNANT WOMEN IN CUSTODY ACT

Mr. NADLER. Mr. Speaker, pursuant to House Resolution 1499, I call up the bill (H.R. 6878) to address the health needs of incarcerated women related to pregnancy and childbirth, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1499, the amendment in the nature of a substitute recommended by the Committee on the Judiciary, printed in the bill, modified by the amendment printed in part C of House Report 117–587, is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 6878

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Pregnant Women in Custody Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) IN CUSTODY.—The term ''in custody'', with respect to an individual, means that the individual is under the supervision of a Federal, State, Tribal, or local correctional facility, including a pretrial, juvenile, medical, or mental health facility and a facility operated under a contract with the Federal Government or a State, Tribal, or local government.

(2) OTHER PREGNANCY OUTCOME.—The term ''other pregnancy outcome'' means a pregnancy that ends in stillbirth, miscarriage, or ectopic pregnancy.

(3) POSTPARTUM RECOVERY.—The term ''postpartum recovery'' has the meaning given that term in section 4051(c) of title 18, United States Code, as added by this Act.

(4) RESTRAINTS.—The term ''restraints'' means any physical or mechanical device used to control the movement of an incarcerated pregnant woman's body, limbs, or both.

(5) RESTRICTIVE HOUSING.—The term ''restrictive housing'' has the meaning given that term in section 4322 of title 18, United States Code, as added by this Act.

SEC. 3. DATA COLLECTION.

(a) IN GENERAL.—Beginning not later than 1 year after the date of enactment of this Act, pursuant to the authority under section 302 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10132), the Director of the Bureau of Justice Statistics shall include in the National Prisoner Statistics Program and Annual Survey of Jails statistics relating to the health needs of incarcerated pregnant women in the criminal justice system at the Federal, State, Tribal, and local levels, including—

(1) demographic and other information about incarcerated women who are pregnant, in labor, or in postpartum recovery, including the race, ethnicity, and age of the woman;

(2) the provision of pregnancy care and services provided for such women, including—

(A) whether prenatal, delivery, and post-delivery check-up visits were scheduled and provided;

(B) whether a social worker, psychologist, doula or other support person was offered and provided during pregnancy and delivery and post-delivery;

(C) whether a pregnancy or parenting program was offered and provided during pregnancy;

(D) whether a nursery or residential program to keep mothers and infants together post-delivery was offered and whether such a nursery or residential program was provided;

(E) the number of days the mother stayed in the hospital post-delivery;

(F) the number of days the infant remained with the mother post-delivery; and

(G) the number of days the infant remained in the hospital after the mother was discharged;

(3) the location of the nearest hospital with a licensed obstetrician-gynecologist in proximity to where the incarcerated pregnant woman is housed and the length of travel required to transport the woman;

(4) whether a written policy or protocol is in place—

(A) to respond to unexpected childbirth, labor, deliveries, or medical complications related to the pregnancies of incarcerated pregnant women; and

(B) for incarcerated pregnant women experiencing labor or medical complications related to pregnancy outside of a hospital;

(5) the number of incarcerated women who are determined by a health care professional to have a high-risk pregnancy;

(6) the total number of incarcerated pregnant women and the number of incarcerated women who became pregnant while incarcerated;

(7) the number of incidents in which an incarcerated woman who is pregnant, in labor, or in postpartum recovery is placed in restrictive housing, the reason for such restriction or placement, and the circumstances under which each incident occurred, including the duration of time in restrictive housing, during—

(A) pregnancy;

(B) labor;

(C) delivery;

(D) postpartum recovery; and

(E) the 6-month period after delivery; and

(8) the disposition of the custody of the infant post-delivery.

(b) PERSONALLY IDENTIFIABLE INFORMATION.—Data collected under this section may not contain any personally identifiable information of any incarcerated pregnant woman or woman in postpartum recovery.

SEC. 4. CARE FOR FEDERALLY INCARCERATED WOMEN RELATED TO PREGNANCY AND CHILDBIRTH.

(a) IN GENERAL.—The Director of the Bureau of Prisons shall ensure that appropriate services and programs, as described in subsection (b), are provided to women in custody, to address the health and safety needs of such women related to pregnancy and childbirth. The warden of each Bureau of Prisons facility that houses women shall ensure that these services and programs are implemented for women in custody at that facility.

(b) SERVICES AND PROGRAMS PROVIDED.—The services and programs described in this subsection are the following:

(1) ACCESS TO COMPLETE APPROPRIATE HEALTH SERVICES FOR THE LIFE CYCLE OF WOMEN.—The Director of the Bureau of Prisons shall ensure that each woman of reproductive age in custody at a Bureau of Prisons facility—

(A) has access to contraception and testing for pregnancy and sexually transmitted diseases, upon request of any such woman; and

(B) is administered a pregnancy test on the date on which the woman enters the facility, which the woman may decline.

(2) COMPLIANCE WITH PROTOCOLS RELATING TO HEALTH OF A PREGNANT WOMAN.—On confirmation of the pregnancy of a woman in custody by clinical diagnostics and assessment, the chief health care professional of the Bureau of Prisons facility in which the woman is housed shall ensure that—

(A) a summary of all appropriate protocols directly pertaining to the safety and well-being of the woman are provided to the woman;

(B) such protocols are complied with; and

(C) such protocols include an assessment of undue safety risks and necessary changes to accommodate the woman where and when appropriate, as it relates to—

(i) housing or transfer to a lower bunk for safety reasons;

(ii) appropriate bedding or clothing to respond to the woman's changing physical requirements and the temperature in housing units;

(iii) regular access to water and bathrooms;

(iv) a diet that—

(I) complies with the nutritional standards established by the Secretary of Agriculture and the Secretary of Health and Human Services in the Dietary Guidelines for Americans report published pursuant to section 301(a)(3) of the National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341(a)(3)); and

(II) includes—

(aa) any appropriate dietary supplement, including prenatal vitamins;

(bb) timely and regular nutritious meals;

(cc) additional caloric content in meals provided;

(dd) a prohibition on withholding food from the woman or serving any food that is used as a punishment, including nutraloaf or any food similar to nutraloaf that is not considered a nutritious meal; and

(ee) such other modifications to the diet of the woman as the Director of the Bureau of Prisons determines to be necessary after consultation with the Secretary of Health and Human Services and consideration of such recommendations as the Secretary may provide;

(v) modified recreation and transportation, in accordance with standards within the obstetrical and gynecological care community, to prevent overexertion or prolonged periods of inactivity; and

(vi) such other changes to living conditions as the Director of the Bureau of Prisons may require after consultation with the Secretary of Health and Human Services and consideration of such recommendations as the Secretary may provide.

(3) EDUCATION AND SUPPORT SERVICES.—

(A) PREGNANCY IN CUSTODY.—A woman who is pregnant at intake or who becomes pregnant while in custody shall, not later than 14 days after the pregnant woman notifies a Bureau of Prisons official of the pregnancy, receive prenatal education, counseling, and birth support services provided by a provider trained to provide such services, including—

(i) information about the parental rights of the woman, including the right to place the child in kinship care, and notice of the rights of the child;

(ii) information about family preservation support services that are available to the woman;

(iii) information about the nutritional standards referred to in paragraph (2)(C)(iv);

(iv) information pertaining to the health and safety risks of pregnancy, childbirth, and parenting, including postpartum depression;

(v) information on breast-feeding, lactation, and breast health;

(vi) appropriate educational materials, resources, and services related to pregnancy, childbirth, and parenting;

(vii) information and notification services for incarcerated parents regarding the risk of debt repayment obligations associated with their child's participation in social welfare programs, including assistance under any State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or benefits under the supplemental nutrition assistance program, as defined in section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), or any State program carried out under that Act; and

(viii) information from the Office of Child Support Enforcement of the Department of Health and Human Services regarding seeking or modifying child support while incarcerated, including how to participate in the Bureau of Prison's Inmate Financial Responsibility Program under subpart B of part 545 of title 28, Code of Federal Regulations (or any successor program).

(B) BIRTH WHILE IN CUSTODY OR PRIOR TO CUSTODY.—A woman who, while in custody or during the 6-month period immediately preceding intake, gave birth or experienced any other pregnancy outcome shall receive counseling provided by a licensed or certified provider trained to provide such services, including—

(i) information about the parental rights of the woman, including the right to place the child in kinship care, and notice of the rights of the child; and

(ii) information about family preservation support services that are available to the woman.

(4) EVALUATIONS.—

(A) IN GENERAL.—Each woman in custody who is pregnant or whose pregnancy results in a birth or any other pregnancy outcome during the 6-month period immediately preceding intake or any time in custody thereafter shall be evaluated as soon as practicable after intake or confirmation of pregnancy through evidence-

based screening and assessment for substance use disorders or mental health conditions, including postpartum depression or depression related to pregnancy, birth, or any other pregnancy outcome or early child care.

(B) RISK FACTORS.—Screening under subparagraph (A) shall include identification of any of the following risk factors:

(i) An existing mental or physical health condition or substance use disorder.

(ii) Being underweight or overweight.

(iii) Multiple births or a previous still birth.

(iv) A history of preeclampsia.

(v) A previous Caesarean section.

(vi) A previous miscarriage.

(vii) Being older than 35 or younger than 15.

(viii) Being diagnosed with the human immunodeficiency virus, hepatitis, diabetes, or hypertension.

(ix) Such other risk factors as the chief health care professional of the Bureau of Prisons facility that house the woman may determine to be appropriate.

(5) UNEXPECTED BIRTHS RULEMAKING.—The Director of the Bureau of Prisons shall provide services to respond to unexpected childbirth deliveries, labor complications, and medical complications related to pregnancy if a woman in custody is unable to access a hospital in a timely manner in accordance with rules promulgated by the Attorney General, which shall be promulgated not later than 180 days after the date of enactment of this Act.

(6) TREATMENT.—The Director of the Bureau of Prisons shall use best efforts to provide a woman in custody who is pregnant and diagnosed with having a substance use disorder or a mental health disorder with appropriate evidence-based treatment.

SEC. 5. USE OF RESTRICTIVE HOUSING ON INCARCERATED PREGNANT WOMEN DURING PREGNANCY, LABOR, AND POSTPARTUM RECOVERY PROHIBITED.

(a) IN GENERAL.—Section 4322 of title 18, United States Code, is amended to read as follows:

"§ 4322. Use of restrictive housing on incarcerated women during the period of pregnancy, labor, and postpartum recovery prohibited

''(a) PROHIBITION.—Except as provided in subsection (b), during the period beginning on the date on which pregnancy is confirmed by a health care professional and ending not earlier than 12 weeks after delivery, an incarcerated woman in the custody of the Bureau of Prisons, or in the custody of the United States Marshals Service pursuant to section 4086, shall not be held in restrictive housing.

''(b) EXCEPTIONS.—

''(1) RESTRICTIVE HOUSING.—Subject to paragraph (4), the prohibition under subsection (a) relating to restrictive housing shall not apply if the Director of the Bureau of Prisons or a senior Bureau of Prisons official overseeing women's health and services, in consultation with senior officials in health services, makes an individualized determination that restrictive housing is required as a temporary response to behavior that poses a serious and immediate risk of physical harm.

''(2) REVIEW.—The official who makes a determination under subparagraph (A) shall review such determination daily for the purpose of removing an incarcerated woman as quickly as feasible from restrictive housing.

''(3) RESTRICTIVE HOUSING PLAN.—The official who makes a determination under subparagraph (A) shall develop an individualized plan to move an incarcerated woman to less restrictive housing within a reasonable amount of time.

''(4) PROHIBITION ON SOLITARY CONFINEMENT.—An incarcerated woman who is placed in restrictive housing under this subsection may not be placed in solitary confinement if the incarcerated woman is in her third trimester.

''(c) REPORTS.—

''(1) REPORT TO DIRECTORS AND HEALTH CARE PROFESSIONAL AFTER PLACEMENT IN RESTRICTIVE HOUSING.—Not later than 30 days after the date on which an incarcerated woman is placed in restrictive housing under subsection (b), the applicable official identified in subsection (b)(1), correctional officer, or United States Marshal shall submit to the Director of the Bureau of Prisons or the Director of the United States Marshals Service, as applicable, and to the health care professional responsible for the health and safety of the woman, a written report which describes the facts and circumstances surrounding the restrictive housing placement, and includes the following:

''(A) The reasoning upon which the determination for the placement was made.

''(B) The details of the placement, including length of time of placement and how frequently and how many times the determination was made subsequent to the initial determination to continue the restrictive housing placement.

''(C) A description of all attempts to use alternative interventions and sanctions before the restrictive housing was used.

''(D) Any resulting physical effects on the woman observed by or reported by the health care professional responsible for the health and safety of the woman.

''(E) Strategies the facility is putting in place to identify more appropriate alternative interventions should a similar situation arise again.

''(2) REPORT TO CONGRESS.—Not later than 180 days after the date of enactment of the Pregnant Women in Custody Act, and every 180 days thereafter for a period of 10 years, the Attorney General shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report on the placement of incarcerated women in restrictive housing under subsection (b), which shall include the information described in paragraph (1).

''(d) NOTICE.—Not later than 24 hours after the confirmation of the pregnancy of an incarcerated woman by a health care professional, that woman shall be notified, orally and in writing, by an appropriate health care professional, correctional officer, or United States Marshal, as applicable—

''(1) of the restrictions on the use of restrictive housing placements under this section;

''(2) of the right of the incarcerated woman to make a confidential report of a violation of restrictions on the use of restrictive housing placement; and

''(3) that the facility staff have been advised of all rights of the incarcerated woman under subsection (a).

''(e) VIOLATION REPORTING PROCESS.—Not later than 180 days after the date of enactment of the Pregnant Women in Custody Act, the Director of the Bureau of Prisons and the Director of the United States Marshals Service shall establish processes through which an incarcerated person may report a violation of this section.

''(f) NOTIFICATION OF RIGHTS.—The warden of the Bureau of Prisons facility where a pregnant woman is in custody shall notify necessary facility staff of the pregnancy and of the rights of the incarcerated pregnant woman under subsection (a).

''(g) RETALIATION.—It shall be unlawful for any Bureau of Prisons or United States Marshals Service employee to retaliate against an incarcerated person for reporting under the processes established under subsection (e) a violation of subsection (a).

''(h) EDUCATION.—Not later than 90 days after the date of enactment of the Pregnant Women in Custody Act, the Director of the Bureau of Prisons and the Director of the United States Marshals Service shall each—

''(1) develop education guidelines regarding the physical and mental health needs of incarcerated pregnant women, and the use of restrictive housing placements on incarcerated women during the period of pregnancy, labor, and postpartum recovery; and

''(2) incorporate such guidelines into appropriate education programs.

''(i) DEFINITION.—In this section, the term 'restrictive housing' means any type of detention that involves—

''(1) removal from the general inmate population, whether voluntary or involuntary;

''(2) placement in a locked room or cell, whether alone or with another inmate; and

''(3) inability to leave the room or cell for the vast majority of the day.''.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 317 of title 18, United States Code, is amended by striking the item relating to section 4322 and inserting the following:

''4322. Use of restrictive housing on incarcerated women during the period of pregnancy, labor, and postpartum recovery prohibited.''.

SEC. 6. TREATMENT OF WOMEN WITH HIGH-RISK PREGNANCIES.

(a) IN GENERAL.—Chapter 303 of title 18, United States Code, is amended by adding at the end the following:

"§ 4052. Treatment of incarcerated pregnant women

''(a) HIGH-RISK PREGNANCY HEALTH CARE.—The Director of the Bureau of Prisons shall ensure that each incarcerated pregnant woman receives an evaluation to determine if the pregnancy is high-risk and, if so, receives healthcare appropriate for a high-risk pregnancy, including obstetrical and gynecological care, during pregnancy and postpartum recovery.

''(b) HIGH-RISK PREGNANCIES.—

''(1) IN GENERAL.—The Director of the Bureau of Prisons shall transfer to a Residential Reentry Center with adequate health care during her pregnancy and postpartum recovery any incarcerated woman who—

''(A) is determined by a health care professional to have a high-risk pregnancy; and

''(B) agrees to be transferred.

''(2) PRIORITY.—The Residential Reentry Center to which an incarcerated pregnant woman is transferred under paragraph (1) shall, to the extent practicable, be in a geographical location that is close to the family members of the incarcerated pregnant woman.

''(3) TRANSPORTATION.—To transport an incarcerated pregnant woman to a Residential Reentry Center, the Director of the Bureau of Prisons shall provide to the woman a mode of transportation that a healthcare professional has determined to be safe for transporting the pregnant woman.

''(4) SERVICE OF SENTENCE.—Any time accrued at a Residential Reentry Center or alternative housing as a result of a transfer made under this section shall be credited toward service of the incarcerated pregnant woman's sentence.

''(c) DEFINITIONS.—In this section:

''(1) HEALTH CARE PROFESSIONAL.—The term 'health care professional' means—

''(A) a doctor of medicine or osteopathy who is authorized to diagnose and treat physical or mental health conditions under the laws of the State in which the doctor practices and where the facility is located;

''(B) any physician's assistant or nurse practitioner who is supervised by a doctor of medicine or osteopathy described in subparagraph (A); or

''(C) any other person determined by the Director of the Bureau of Prisons to be capable of providing health care services.

''(2) HIGH-RISK PREGNANCY.—The term 'high-risk pregnancy' means, with respect to an incarcerated woman, that the pregnancy threatens the health or life of the woman or pregnancy, as determined by a health care professional.

''(3) POSTPARTUM RECOVERY.—The term 'postpartum recovery' means the 3-month period beginning on the date on which an incarcerated pregnant woman gives birth, or longer as determined by a health care professional following delivery, and shall include the entire period that

the incarcerated pregnant woman is in the hospital or infirmary.

''(4) RESIDENTIAL REENTRY CENTER.—The term 'Residential Reentry Center' means a Bureau of Prisons contracted residential reentry center.''.

(b) CONFORMING AMENDMENT.—The table of sections for chapter 303 of title 18, United States Code, is amended by adding at the end the following:

''4052. Treatment of incarcerated pregnant women.''.

SEC. 7. REPORTING REQUIREMENT REGARDING CLAIMS FILED BY PREGNANT INMATES.

The Director of the Federal Bureau of Prisons shall make publicly available on the website of the Federal Bureau of Prisons on an annual basis the following information:

(1) The total number of Administrative Remedy appeals related to pregnant inmates that were filed during the previous year.

(2) The total number of institution-level Requests for Administrative Remedy related to pregnant inmates that were filed during the previous year.

(3) The total number of informal requests for administrative remedy related to pregnant inmates that were filed during the previous year.

(4) The total number of requests or appeals related to pregnant inmates during the previous year that were not resolved before the inmate gave birth or that were mooted because the inmate's pregnancy ended.

(5) The average amount of time that each category of request or appeal took to resolve during the previous year.

(6) The shortest and longest amounts of time that a request or appeal in each category that was resolved in the last year took to resolve.

SEC. 8. EDUCATION AND TECHNICAL ASSISTANCE.

The Director of the National Institute of Corrections shall provide education and technical assistance, in conjunction with the appropriate public agencies, at State and local correctional facilities that house women and facilities in which incarcerated women go into labor and give birth, in order to educate the employees of such facilities, including health personnel, on the dangers and potential mental health consequences associated with the use of restrictive housing and restraints on incarcerated women during pregnancy, labor, and postpartum recovery, and on alternatives to the use of restraints and restrictive housing placement.

SEC. 9. BUREAU OF PRISONS STAFF AND UNITED STATES MARSHALS TRAINING.

(a) BUREAU OF PRISONS TRAINING.—

(1) IN GENERAL.—

(A) INITIAL TRAINING.—Not later than 180 days after the date of enactment of this Act, the Director of the Bureau of Prisons shall provide training to carry out the requirements of this Act and the amendments made by this Act to each correctional officer at any Bureau of Prisons facility that houses women who is employed on the date of enactment of this Act.

(B) SUBSEQUENT TRAINING.—After the initial training provided under subparagraph (A), the Director of the Bureau of Prisons shall provide training to carry out the requirements of this Act and the amendments made by this Act twice each year to each correctional officer at any Bureau of Prisons facility that houses women.

(2) NEW HIRES.—

(A) DEFINITION.—In this paragraph, the term ''covered new correctional officer'' means an individual appointed to a position as a correctional officer at a Bureau of Prisons facility that houses women on or after the date that is 180 days after the date of enactment of this Act.

(B) TRAINING.—The Director of the Bureau of Prisons shall train each covered new correctional officer to carry out the requirements of this Act and the amendments made by this Act not later than 30 days after the date on which the covered new correctional officer is appointed.

(b) UNITED STATES MARSHALS TRAINING.—

(1) IN GENERAL.—On and after the date that is 180 days after the date of enactment of this Act, the Director of the United States Marshals Service shall ensure that each Deputy United States Marshal has received trained pursuant to the guidelines described in subsection (c).

(2) NEW HIRES.—

(A) DEFINITION.—In this paragraph, the term ''new Deputy United States Marshal'' means an individual appointed to a position as a Deputy United States Marshal after the date of enactment of this Act.

(B) TRAINING.—Not later than 30 days after the date on which a new Deputy United States Marshal is appointed, the new Deputy United States Marshal shall receive training pursuant to the guidelines described in subsection (c).

(c) GUIDELINES.—

(1) IN GENERAL.—The Director of the Bureau of Prisons and the United States Marshals Service shall each develop guidelines on the treatment of incarcerated women during pregnancy, labor, and postpartum recovery and incorporate such guidelines in the training required under this section.

(2) CONTENTS.—The guidelines developed under paragraph (1) shall include guidance on—

(A) the transportation of incarcerated pregnant women;

(B) housing of incarcerated pregnant women;

(C) nutritional requirements for incarcerated pregnant women; and

(D) the right of a health care professional to request that restraints not be used.

SEC. 10. GAO STUDY ON STATE AND LOCAL CORRECTIONAL FACILITIES.

The Comptroller General of the United States shall conduct a study of services and protections provided for pregnant incarcerated women in local and State correctional settings, including—

(1) policies on—

(A) obstetrical and gynecological care;

(B) education on nutritional issues and health and safety risks associated with pregnancy;

(C) mental health and substance use treatment;

(D) access to prenatal and post-delivery support services and programs; and

(E) the use of restraints and restrictive housing placement; and

(2) the extent to which the intent of such policies is fulfilled.

SEC. 11. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary or their respective designees.

After 1 hour of debate, it shall be in order to consider the further amendment printed in part D of House Report 117–587, if offered by the Member designated in the report, which shall be considered read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question.

The gentleman from New York (Mr. NADLER) and the gentleman from Wisconsin (Mr. FITZGERALD) each will control 30 minutes.

The Chair recognizes the gentleman from New York (Mr. NADLER).

GENERAL LEAVE

Mr. NADLER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 6878.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. NADLER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 6878, the Pregnant Women in Custody Act, is bipartisan legislation that would help ensure that women receive the pregnancy, delivery, and postpartum care that they need while in Federal custody.

The number of women incarcerated has grown significantly in recent decades, and most women are incarcerated during their reproductive years. There are an estimated 58,000 admissions of pregnant women into jails and prisons every year.

It is vital for the health of these women and their newborns that they have access to appropriate healthcare, nutrition, and postpartum recovery support.

In addition, research shows that Black women already have a 43 percent higher risk of miscarriage than White women. Since women of color are disproportionately impacted by the criminal justice system, a lack of support and care for pregnancy and reproductive health while incarcerated can lead to increased risk of negative pregnancy outcomes.

By establishing a national standard of care for incarcerated pregnant women, as well as by prohibiting the use of restrictive housing and providing for transfers to residential reentry centers for women with high-risk pregnancies, this bill will help protect the health and safety of pregnant women and their newborns. Restrictive housing and solitary confinement have been called psychological torture, and the use of solitary confinement can further damage the physical and mental well-being of pregnant women.

□ 1315

In addition to setting a national standard of care, this bill also requires the Government Accountability Office to study the services and protections provided to pregnant women incarcerated at the State and local levels.

The impact of incarceration of pregnant women is complex and far-reaching. The reality of pregnancy, delivery, and postpartum recovery while incarcerated requires significant mental and physical health interventions and broader protections in order to address the trauma both mothers and newborns experience.

This bipartisan bill is supported by a broad range of organizations across the ideological spectrum, including the

American Psychological Association, the National Alliance on Mental Illness, the Association of Maternal and Child Health Programs, Dream Corps, the Vera Institute for Justice, R Street Institute, and the American Conservative Union.

Mr. Speaker, I thank our colleague, Representative KAREN BASS, for her leadership on this issue and on so many criminal justice issues throughout her career in Congress. I thank her bipartisan cosponsors for introducing this important legislation with her.

Mr. Speaker, I urge all of my colleagues to support the bill, and I reserve the balance of my time.

Mr. FITZGERALD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, each year, an estimated 58,000 pregnant women pass through jails and prisons in the United States. H.R. 6878 would expand on existing programs within the Bureau of Prisons to provide certain health and wellness-related services for pregnant incarcerated women. This legislation will help these women receive necessary medical care, nutrition, and support while in Federal custody.

In addition, H.R. 6878 builds upon President Trump's leadership in the First Step Act, which prohibited the use of restraints on pregnant women in Federal custody.

H.R. 6878 would prohibit pregnant women in Federal custody from being placed in restrictive housing unless their behavior poses a serious and immediate risk of physical harm. It also would prohibit the use of solitary confinement for pregnant women in their third trimester.

The bill also expands data reporting on the health needs of pregnant incarcerated women and requires guidelines for the treatment of incarcerated women during pregnancy, labor, and postpartum recovery.

We all believe that pregnant incarcerated women should be well cared for while they are in Federal custody. However, I would like to note the concern that the bill could require the Bureau of Prisons to provide abortifacients to pregnant inmates. However, the word ''contraception'' is not defined in the bill, and the internal Bureau of Prisons policy does not define ''contraception.''

Because the word ''contraception'' is not defined, this ambiguity leaves open the reasonable interpretation that the term ''contraception'' could include abortifacients or other substances that induce abortion.

Mr. Speaker, I reserve the balance of my time.

Mr. NADLER. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from Texas (Ms. JACKSON LEE), a member of the committee.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 6878, the Pregnant Women in Custody Act, because women's lives matter, pregnant women's lives matter, their babies' lives matter, as do the lives of incarcerated women and their babies.

I have worked on this issue for a very long time and am delighted to be able to support this legislation introduced by my friend and colleague, Congresswoman BASS.

This works to ensure that we recognize the increasing population of women incarcerated. Unfortunately, women are the fastest-growing segment of the incarcerated population in the United States. Conversations about criminal justice reform often overlook their unique experiences and the needs of women and girls within the criminal justice system.

For instance, Mr. Speaker, the United States has the second highest rate of women incarcerated in the world, with 64 women per 100,000 in custody and nearly 60,000 pregnant women admitted into American jails and prisons every year. That is a lot.

Some States have yet to prohibit the shackling of women when they are giving birth. We have to do something.

This bipartisan legislation would establish Federal policies to prohibit the use of restrictive housing on incarcerated pregnant women and develop a national standard of care to add to the pregnancy-related needs of incarcerated women, including access to prenatal and post-delivery care and support.

My legislation, the SIMARRA Act, also complements this by creating a pilot program in the Federal system for mothers to stay with their infants for a period of time. This humane response and the humane response of this bill are what we need to do.

Oftentimes, pregnant women lack access to appropriate nutrition while incarcerated, and the use of restrictive housing can have detrimental effects on a woman's health, as well as the health of her baby. While women of color are disproportionately impacted by incarceration, they also face higher risks of both miscarriage and maternal mortality.

This bill would make certain that incarcerated pregnant women receive vital prenatal healthcare and postpartum support and ensures the Bureau of Prisons and the Marshals Service protect the health and safety of incarcerated women through their pregnancy, when they deliver their child, and as they receive postpartum care. They should not be shackled, and they should not be intimidated or frightened.

The one thing I want to say, Mr. Speaker, even though many of us have different views—and I am an avid supporter of the right to choose—this is not an abortion bill. This is a healthcare bill.

We also know that the prisons make their determinations on how they help women in their contraceptives. H.R. 6878 would allow BOP to collect data on healthcare needs of pregnant women so that we may have a better understanding.

Let me clearly say that separating a newborn from its mother gives it less chance for both survival and success in life.

We know in Harris County, Texas, there are approximately 1,000 women incarcerated in the Harris County Jail. This bill would require a GAO study, setting national standards, and endeavor to do a landscape to understand reproductive freedom in this country.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. NADLER. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman from Texas.

Ms. JACKSON LEE. Mr. Speaker, that is why I was glad to see my bill, the Stop Infant Mortality And Recidivism Reduction Act of 2021, or the SIMARRA Act, included in the Violence Against Women Act, which passed earlier this year. That bill established a pilot program to allow women incarcerated in Federal prisons and their babies to reside with each other while the mother is incarcerated for a period of time.

Mr. Speaker, let us continue to be innovators in the treatment of those who are incarcerated, and let us make sure that we give every newborn a healthy life. I ask my colleagues to support the underlying legislation.

Mr. Speaker, I rise in support of H.R. 6878, the ''Pregnant Women in Custody Act,'' because women's lives matter, pregnant women's lives matter, their babies' lives matter—as do the lives of incarcerated women and their babies.

Although women are the fastest growing segment of the incarcerated population in the United States, conversations about criminal justice reform often overlook the unique experiences and needs of women and girls within the criminal justice system.

The United States has the second highest rate of women incarcerated in the world, with 64 women per 100,000 in custody, and nearly 60,000 pregnant women admitted into American jails and prisons every year, while some states have yet to prohibit the shackling of women when they are giving birth.

This bipartisan legislation would establish federal policies to prohibit the use of restrictive housing on incarcerated pregnant women and develop a national standard of care to address the pregnancy-related needs of incarcerated women, including access to prenatal and post-delivery care and support.

Oftentimes pregnant women lack access to appropriate nutrition while incarcerated and the use of restrictive housing can have detrimental effects on a woman's health as well as the health of her baby. And while women of color are disproportionately impacted by incarceration, they also face higher risks of both miscarriage and maternal mortality.

This bill would make certain that incarcerated pregnant women receive vital prenatal healthcare and post-partum support and ensure the Bureau of Prisons and the Marshal's service protect the health and safety of incarcerated women throughout their pregnancy, when they deliver their child, and as they recover post-partum.

H.R. 6878 would also require BOP to collect data on the healthcare needs of pregnant

women, so that we may better understand the challenges incarcerated women face and determine how to address the needs of this vulnerable population.

In Harris County, Texas, on average, there are approximately 1,000 women incarcerated in the county jail and on average 25 to 30 of them are pregnant. The jail offers specific programs for mothers to reduce recidivism and help them support their families upon release.

This bill would require GAO to study state and local corrections facilities to understand the services and protections provided for pregnant women, like the program offered in Harris County.

Setting national standards for the treatment of incarcerated pregnant women in federal custody would set an example for state and local facilities to follow and the data collected by BOP would farther inform Congress of the additional health and safety needs of this vulnerable population.

As we endeavor to navigate a new landscape for reproductive freedom across the country, we must recognize that incarcerated women will continue to face challenges in carrying healthy pregnancies to term.

That is why I was glad to see my bill, the ''Stop Infant Mortality and Recidivism Reduction Act of 2021'' (or the ''SIMARRA Act''), included in the Violence Against Women Act which passed earlier this year. That bill established a pilot program to allow women incarcerated in Federal prisons and their babies born during their incarceration to reside together with while the mother is incarcerated.

Let us continue to be innovators in the treatment of those who are incarcerated. And let us make sure women receive proper health care and humane treatment whether they are incarcerated or not—because all women deserve proper health care and to be treated with dignity—no matter their circumstance.

I thank Representative KAREN BASS for her steadfast commitment to addressing this important issue. I urge my colleagues to join me in support of this long overdue legislation.

I include in the RECORD a Prison Policy Initiative document titled: ''Unsupportive environments and limited policies: Pregnancy, postpartum, and birth during incarceration.''

[From Prison Policy Initiative, Aug. 19, 2021]

UNSUPPORTIVE ENVIRONMENTS AND LIMITED POLICIES: PREGNANCY, POSTPARTUM, AND BIRTH DURING INCARCERATION

(By Leah Wang)

Making up for a serious gap in government data collection and understanding, researchers are discovering what pregnant incarcerated women should expect when they're expecting (or when they give birth while in custody). Findings indicate that jails, prisons, and youth facilities have yet to adequately recognize pregnancy and postpartum needs either in policy or in practice.

Recently published findings from the groundbreaking Pregnancy in Prison Statistics (PIPS) Project and other datasets shed light on a common but rarely discussed experience: being pregnant, postpartum or giving birth while incarcerated. Spearheaded by Dr. Carolyn Sufrin of the Johns Hopkins University School of Medicine and School of Public Health, this series of studies is our best look yet at pregnancy prevalence and outcomes in U.S. jails, prisons, and youth facilities.

In total, 22 state prison systems, all federal prisons, 6 jails, and 3 youth confinement systems participated in the PIPS Project, a systematic study of pregnancy and its outcomes among incarcerated women. Historically, the government has not collected data about carceral pregnancy on a regular basis, meaning no national effort has been made to understand maternity care for thousands of incarcerated pregnant women. The project's sample represents 57 percent of all women in prison, 5 percent of all women in jail and about 3 percent of young women in youth facilities.

Our takeaway: Carceral pregnancy, whether in jail, prison, or youth confinement, is characterized by a lack of supportive policies and practices. Some of the major findings to come out of these publications are:

There are an estimated 58,000 admissions of pregnant women into jails and prisons every year, and thousands give birth or have other outcomes while still incarcerated. Pregnancy rates among confined youth were similar to those among adults.

In some state prison systems, miscarriage, premature birth, and cesarean section rates were higher than national rates among the general population.

Only one-third of prisons and jails had any written policy about breastfeeding or lactation, and even where policies supporting lactation did exist, relatively few women were actually breastfeeding or pumping.

There are an estimated 8,000 admissions of pregnant women with opioid use disorder (OUD) into prisons and jails each year, but long-term treatment using medication is the exception, not the rule.

A related (non-PIPS Project) study finds paternal incarceration is also linked to adverse birth outcomes like low birth weight, which are widely known to impact long-term health.

The researchers' findings add complexity to a growing body of literature and consensus linking incarceration to negative health impacts. And although PIPS Project data can't be broken down by race, ethnicity, or gender identity, measuring the scale and outcomes of pregnancies in prison and jail is a major public health research accomplishment. The fact that academic researchers had to conduct this research to fill the data gap—and the shortage of appropriate policies they found—makes it clear that many correctional agencies have yet to even acknowledge the needs of pregnant incarcerated women.

EVERY YEAR, THOUSANDS OF INCARCERATED EXPECTING MOTHERS AND BABIES FACE ADVERSE OUTCOMES FROM EXPOSURE TO INCARCERATION

Over the 12 months of the Pregnancy in Prison Statistics (PIPS) study period, there were nearly 1,400 admissions of pregnant women to participating state and federal prisons with over 800 pregnancies ending in custody (births, miscarriages, and others), and over 1,600 admissions of pregnant women to jails with 224 pregnancies ending in custody. Unsurprisingly, given the short length of most jail stays, more pregnant women are admitted to jails each year, but more births take place in prisons, where the average stay is longer. Based on their data, the authors estimate that, nationally, 4 percent of women entering prison (in line with Bureau of Justice Statistics 2016 estimates) and 3 percent of women admitted to jail (lower than BJS' most recent 2002 estimates) are pregnant.

Pregnancy outcomes in prisons and jails in some places were worse than national trends across the general population. When pregnancy did end in custody, in some states like Arizona, Kansas and Minnesota, rates of miscarriage ranged from 19 to 22 percent, exceeding estimates of the national rate. In Ohio and Massachusetts, premature births exceeded the general population rate of about 10 percent. Among live births, which were 92 percent of birth outcomes in custody, one-third (32 percent) of these were caesarean section births, in line with the national average rate. In some states, the C-section rate was much higher, suggesting that C-sections may be taking place when not medically necessary, risking short- and long-term health problems in babies.

PREGNANCY AMONG CONFINED YOUTH IS NOT UNCOMMON, AND BETTER TESTING MIGHT REVEAL IT'S EVEN MORE WIDESPREAD

Upon hearing about the Pregnancy in Prison Statistics (PIPS) Project, three juvenile justice systems (one state-level, and one county-level system) volunteered to complete a survey about pregnant adolescents in the custody of 17 of their ''juvenile residential placement'' facilities, providing a window into this population for the first time. One takeaway from the survey's findings was that adolescent pregnancies—both in confinement, and upon release—may risk poorer outcomes because of a lack of continuity of medical care between confinement facilities and the community. Even though all three state systems provided basic prenatal care, with the typical length of stay for young women lasting a few months or less, justice-involved youth would benefit enormously from consistency in medical care throughout pregnancy.

The survey also showed that the rate of pregnancy among confined youth (3.3 percent) was similar to that of the adult incarcerated population (3.5 percent). However, the youth facilities reported less routine pregnancy testing, bolstering a 2004 study revealing that only 15–17 percent of 1,255 juvenile facilities nationwide tested youth for pregnancy at admission (with about two-thirds of facilities providing tests only if requested). Therefore, it's possible the youth carceral pregnancy rate is a very conservative estimate, and that thousands of pregnant youth are going without prenatal care when their health needs are likely complicated.

Eight pregnancies ended among youth confined in the surveyed facilities during the 12-month study period, including four miscarriages, three induced abortions, and one live full-term birth. It would be misleading to view these outcomes as representative of all pregnant confined youth, but the authors advise youth confinement facilities to be prepared for high rates of miscarriage and other adverse birth outcomes, seeing as justice-involved pregnant youth are going through highly stressful life experiences.

Services and policies regarding prenatal and postpartum care were variable: All three juvenile systems allowed abortion, and some covered the cost; all three systems also allowed lactation through either breastfeeding or pumping. Still, the small sample size (which represented just 2.8 percent of all confined female youth) and the potential influence of self-selecting facilities make it difficult to draw conclusions about the experience of pregnant youth in confinement.

BREASTFEEDING AND LACTATION ARE NOT GUARANTEED TO NEW MOTHERS AND BABIES, IGNORING THE ENORMOUS BENEFITS OF BREAST MILK

When the cohort of 22 prison systems and 6 jail systems described their lactation-related policies to the researchers, they painted a discouraging picture of how correctional facilities largely don't support breastfeeding, a practice chosen by some mothers for its unique benefits.

To begin, only one-third of prisons and jails had any written policy on lactation, leaving many incarcerated women to the whims of facility staff who may not be

trained in this area or understand its importance. Even where women were formally allowed to lactate, milk was sometimes discarded at the study sites due to mother-infant separation, providing only a benefit to the mother of maintaining milk supply.

Because it is a matter of health equity to provide the opportunity to lactate and breastfeed (among other parental choices), researchers extend the ''further research is needed'' statement in order to understand the probable racial disparities within carceral pregnancy: ''. . . research in collaboration with current and formerly incarcerated women, specifically Black, Indigenous, and women of color, is needed to fully understand breadth of experiences and perspectives related to breastfeeding and lactation while in custody.''

OPIOID USE DISORDER AMONG INCARCERATED WOMEN IS TREATED UNDER SOME CIRCUMSTANCES, BUT LEAVES MOTHERS WITHOUT HELP POSTPARTUM

In addition to known medical needs during pregnancy, some women enter incarceration with other health problems. Researchers accessed six months of activity and policy related to opioid use disorder (OUD) treatment of pregnant women in the Pregnancy in Prison Statistics (PIPS) study sites and found that 26 percent of those entering prison and 14 percent entering jail had OUD. The gold standard of care for these women would be medication for opioid use disorder (MOUD), which is linked to better pregnancy outcomes and increased engagement with addiction treatment and other medical care.

Twenty-two of 28 sites did offer this avenue for treatment of pregnant women in some way, but the narrow window in which they could be treated for OUD leaves much room for improvement. In most facilities offering MOUD, it would not be initiated in the facility; they would only continue someone on MOUD if they were already on it. This unfairly excludes women who were unable to begin treatment before admission; for example, if someone was in jail before being transferred to prison, their access would then depend on the jail's policy. Postpartum, most facilities providing MOUD would discontinue treatment, showing a clear disregard for the mother's well-being after birth.

Still, one-third of surveyed sites managed OUD among pregnant women through detoxification, some with and some without medication to manage symptoms. Detox, or ''medically supervised withdrawal,'' can be a painful process and has a high rate of failure for pregnant women, increasing the risk of future overdose.

These exclusionary policies and practices are troubling given the fact that opioid overdose is a major cause of death for pregnant and postpartum women in the United States, and remains a huge concern for formerly incarcerated people. In Rhode Island, where MOUD has been implemented comprehensively in their unified prison-jail system, there has been a huge reduction in post-release overdose deaths; replicating their initiative would have a great impact on carceral pregnancy and postpartum outcomes.

THE INCARCERATION OF FATHERS IS ALSO LINKED TO WORSE BIRTH OUTCOMES

As if it's not bad enough that incarceration prevents expecting mothers from receiving care and providing care to their babies, another recent study finds that incarcerating fathers during pregnancy or at the time of birth is also harmful to babies' health.

In another recent study—unrelated to the Pregnancy in Prison Statistics (PIPS) project—Youngmin Yi and fellow researchers matched hundreds of thousands of birth records to jail records in New York City between 2010 and 2016, observing trends in birth weight, preterm (premature) birth, admission to the NICU (neonatal intensive care unit), and more. Paternal incarceration was associated with nearly all adverse outcomes, even after other characteristics of mother and father were accounted for statistically. ''Exposed'' to their fathers' incarceration—even for as little as one day—babies were born with these vulnerabilities, such as low birth weight, known to have an impact later in life.

INCARCERATED PREGNANT PEOPLE AND THEIR BABIES DESERVE BETTER CARE THAT IS CODIFIED IN POLICY

The findings by Sufrin, Asiodu, Kim and fellow researchers offer a desperately-needed look into pregnancy during incarceration. And the findings by Yi et al. contribute to an even more holistic picture of what it means to be a growing family entangled in the criminal legal system. Families experiencing pregnancy are impacted by incarceration whether the mother or the father is incarcerated, and whether or not the baby is born during the mother's incarceration.

Both adolescents and adults in confinement should be afforded comprehensive prenatal care, including education, lactation support, and opioid use disorder treatment that continues beyond the end of pregnancy. And babies born right after or during their parents' incarceration, who risk health issues like lower life expectancy and social and emotional challenges, deserve the chance to begin life with one or both parents as much as possible. These efforts and programs should be clearly written into agency policy so that facility staff can be trained and expected to provide care.

One way that prisons and jails can begin to assess and improve their care for pregnant women is by reviewing the American College of Obstetricians and Gynecologists' recently updated comprehensive set of guidelines for carceral reproductive health care. Facilities should also consider subscribing to the National Commission on Correctional Health Care's standards for health services, which have clear ways of addressing many of the above topics. Prisons and jails should make their policies publicly available, and create ways to keep healthy mothers and their babies together.

NOTE ABOUT THE LANGUAGE USED

Throughout these publications, the terms ''pregnant women'' and ''mother'' described those people who were pregnant in custody during the study period. While we've deferred to the terminology used by the authors, we acknowledge that pregnancy can overlap with multiple gender identities, and our conclusions and recommendations apply to all pregnant people.

Mr. FITZGERALD. Mr. Speaker, I reserve the balance of my time.

Mr. NADLER. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Rhode Island (Mr. CICILLINE), a member of the committee.

Mr. CICILLINE. Mr. Speaker, I rise in strong support of H.R. 6878, Pregnant Women in Custody Act of 2022.

While Congress made important progress on this issue through the First Step Act, which prohibited the use of restraints on pregnant women in the Bureau of Prison's custody, more clearly needs to be done to protect pregnant women.

Many incarcerated women do not have access to the prenatal care they need. They are often unjustly placed in restrictive housing, which can lead to unfair and unequal treatment just because a woman is pregnant. Shockingly, this is still legal and widely used in Bureau of Prison facilities.

By passing H.R. 6878, we will establish a much-needed and long-overdue national standard of care to address pregnancy-related needs of incarcerated women while also ending the Bureau of Prison's restrictive housing policies for pregnant women.

Being incarcerated should not strip these expectant mothers of their dignity.

Mr. Speaker, I strongly support passage of this legislation and thank Congresswoman—and future mayor—KAREN BASS for her leadership on this issue.

Mr. FITZGERALD. Mr. Speaker, I reserve the balance of my time.

Mr. NADLER. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Florida (Ms. LOIS FRANKEL).

Ms. LOIS FRANKEL of Florida. Mr. Speaker, I thank our distinguished Judiciary Committee chairman and Representative KAREN BASS for their leadership on this bill.

Mr. Speaker, all of our children should have the opportunity to thrive. Getting them off to a good start in life is critical for their well-being, as well as for society as a whole. That is why prenatal care and safety for pregnant women are so important. It lowers the risk of complications that can affect the ability of a child to thrive and can have far-reaching impacts on their future.

Alarmingly, recent reports indicate that Federal prisons are not aligned with national guidance for the treatment of pregnant women, and in extreme cases, Mr. Speaker, women have been shackled to their beds during and after childbirth.

I think we can all agree that children should not be punished for their mother's mistakes or misdeeds. The Pregnant Women in Custody Act will strengthen and promote the health and safety of pregnant inmates, providing a national standard of care allowing children to have the opportunities they deserve.

Mr. Speaker, I urge passage of the bill.

Mr. FITZGERALD. Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. NADLER. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, H.R. 6878 is bipartisan legislation that would support the health and safety of women in Federal custody by establishing a national standard of care and prohibiting the use of restrictive housing for incarcerated pregnant women.

Mr. Speaker, I urge all of my colleagues to support this important legislation. I also want to take this opportunity to express my dual feelings—on the one hand, the sponsor of this legislation, Ms. BASS of California, will no

longer be with us in the next Congress, which is, on that level, unfortunate. On the other hand, the reason she won't be with us is because she is the mayor-elect of Los Angeles, and that is not unfortunate. I am very happy about that, but I have mixed feelings because we won't be seeing her here again.

Mr. Speaker, I urge all of my colleagues to support this important legislation, and I yield back the balance of my time.

Ms. LEE of California. Mr. Speaker, I rise today in support of H.R. 6878, the Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act of 2022. I am proud to support this bill and thank my good friend and colleague Congresswoman BASS for her leadership. I also thank the Speaker and Chairman NADLER for bringing this bill to the floor.

Our prison system was not designed with the medical needs of women and pregnant people in mind. This holds especially true for women and pregnant people of color, who are often subjected to harsher treatment at more frequent rates.

This bill moves us in the right direction by establishing safeguards for incarcerated pregnant and postpartum individuals and their children by guaranteeing access to essential prenatal and post-delivery support.

As a champion of reproductive and women's rights, I hope to continue joining my colleagues on a bipartisan basis to ensure incarcerated women and pregnant people have the right to access the quality health services they deserve.

I urge my colleagues to vote 'yes' on this bill.

The SPEAKER pro tempore. All time for debate has expired.

AMENDMENT NO. 1 OFFERED BY MS. LOIS FRANKEL OF FLORIDA

The SPEAKER pro tempore. It is now in order to consider amendment No. 1 printed in part D of House Report 117–587.

Ms. LOIS FRANKEL of Florida. Mr. Speaker, I rise as the designee for the gentlewoman of Massachusetts (Ms. PRESSLEY), who is a great advocate for justice and women. I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 13, line 7, strike ''and''.

Page 13, line 10, strike the period and insert ''; and''.

Page 13, after line 10, insert the following:

(iii) postpartum health conditions.

The SPEAKER pro tempore. Pursuant to House Resolution 1499, the gentlewoman from Florida (Ms. LOIS FRANKEL) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Florida.

Ms. LOIS FRANKEL of Florida. Mr. Speaker, this amendment makes one addition to the bill to ensure that incarcerated women have access to essential postpartum healthcare and support.

The Pregnant Women in Custody Act includes a provision related to women who give birth while in custody or immediately prior to incarceration. This provision requires that women be given access to counseling services related to parental rights and family preservation.

The amendment will add an additional component to ensure women also receive counseling services related to postpartum care because we know that women are physically and emotionally vulnerable after giving birth.

This addition to the bill will help women navigate that often complex and difficult time period and ensure adequate access to healthcare.

Mr. Speaker, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Mr. FITZGERALD. Mr. Speaker, I claim the time in opposition to the amendment, although I am not opposed.

The SPEAKER pro tempore. Without objection, the gentleman from Wisconsin is recognized for 5 minutes.

There was no objection.

Mr. FITZGERALD. Mr. Speaker, this amendment allows certain women in Federal custody to receive counseling related to postpartum health conditions. Postpartum women in Federal custody will be eligible to receive counseling services related to postpartum health conditions.

After giving birth, many women struggle with postpartum depression and other psychological and physical conditions. This amendment will ensure that women in Federal custody have access to these services.

While many of us have concerns with some of the other language in the bill, this amendment is a commonsense amendment.

Mr. Speaker, I urge support for the amendment, and I yield back the balance of my time.

□ 1330

Ms. LOIS FRANKEL of Florida. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, it really pleases me that we have this very good bipartisan legislation; and I know it is probably heartening to the citizens of our country that we can come together on important matters.

This is about the children. This is about getting children off to a good start so that they can thrive; so they can have opportunities for success; and there is nothing more important, really, than having good caregivers, their parents, especially their mom, who gives birth.

This amendment will make sure that women who have been incarcerated get the postpartum care that they need and that their children deserve.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to the rule, the previous question is ordered on the the bill and on the amendment offered by the gentlewoman from Florida (Ms. LOIS FRANKEL).

The question is on the amendment offered by the gentlewoman from Florida (Ms. LOIS FRANKEL).

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. FITZGERALD. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 32 minutes p.m.), the House stood in recess.

□ 1432

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. MOORE of Wisconsin) at 2 o'clock and 32 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Passage of H.R. 3372;

Passage of H.R. 6878;

The motion to suspend the rules on H.R. 4785;

En bloc suspensions No. 1, if ordered;

En bloc suspensions No. 2, if ordered;

And motions to suspend the rules with respect to the following:

S. 2521;

S. 231; and

S. 3115.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

ONE STOP SHOP COMMUNITY REENTRY PROGRAM ACT OF 2021

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 3372) to authorize implementation grants to community-based nonprofits to operate one-stop reentry centers, on which the yeas and nays were ordered.